

Report
for the year ending March 31
1981

National Society to Prevent Blindness



Report of the President

PART I

When I was invited, eight years ago, to become president of the National Society, I thrice declined. The call of duty to become the volunteer head of this vital and committed national health agency was strong and appealing, but I was reluctant to take on what promised to be the heavy demands of the office as I would wish to perform the duties of president. Finally, I changed my mind and accepted. I was right about the demands — last year I spent the equivalent of seven full weeks on the job.

Here I would like to highlight what I see as some of our significant strides during the past eight years.

When I assumed office, we were a rather loosely-knit organization; we had very limited assets, financially, and a very meager annual income. Since then we have dedicated ourselves to forging a strong nationwide identity and organization, adding new state affiliates, and strengthening our existing state affiliates. Today we have a comprehensive program to prevent blindness, financial assets of close to seven and a half million dollars, an annual income of over six million dollars, and volunteers and professionals working for the cause throughout the country.

One of the major roads to this improvement, and one in which I take particular pleasure, was the creation over the past five years of 10 task forces to help direct the future efforts of the Society. These ad hoc commissions were set up to make recommendations which would serve as a basis for implementing immediate as well as long-range plans. The task forces assessed our

major program services, research, organizational policies and structure, and fund raising and public relations activities.

Many of the task force recommendations are already in place. Examples are our stronger emphasis on fund raising through corporate and foundation appeals; doubling the dollar amount of support given to each recipient of NSPB basic and clinical research grants; grouping our affiliates into five regional bodies, each with a member on our policy-making Executive Committee.

In the fall of 1981, I plan to turn over the gavel to a new president. I feel gratified by our accomplishments during my years of office as president, and satisfied that the way has been paved for a continuing

exciting future for our organization and work. As one of America's most distinguished physicians has said, "I believe the National Society is on the brink of a great era. Under Mr. Moore and Mrs. Boyce the Society has prospered as never before and funds have become available to carry out programs only dreamed of previously."

You made this possible. And I would especially like to praise those with whom I have worked most closely — Virginia Boyce, who became Executive Director shortly before I became President, and my fellow board members Dave Kennedy, Frank Newell, Bruce Brandi, Brad Warner, Hugh Connell, Paul Lambert, and Janet Yaseen.



PART II

Keeping our Future in Sight" served as the theme for our 1980-81 National Conference, which drew some 350 health care professionals and a nationwide delegation of NSPB staff members and volunteers. This theme is at once a prod, a caveat and an opportunity.

At the Conference, noted authorities presented news of the latest developments in medical and surgical treatment of eye diseases, sports eye injuries, children's eye problems, and the advances in techniques and technology for the screening and detection of eye and vision disorders. I reflected that our focus has been clear, even though we are tracking a continually moving target: a number of concerns and capabilities emphasized at the Conference were scarcely on the horizon five years ago. Discoveries in laser research, for example, offer hope of curing conditions of the retina that were formerly untreatable. We must bring to the public the good news of the expanding possibilities of treatment for a variety of conditions.

We continue to offer major public service programs in three areas: glaucoma education and detection; early detection of eye problems in children; and eye safety on the job, at school and at home. In addition, several new challenges are demanding our attention: diabetic retinopathy, macular degeneration, and sports eye injuries.

GLAUCOMA: DON'T LET IT ROB YOU BLIND

Our high-priority glaucoma detection network was extended through two new programs. We introduced a guide for "Glaucoma Detection for

Business and Industry" funded by Merck Sharp & Dohme, and are distributing it widely to medical directors serving corporations and institutions. And we are reaching out to the public through the Pharmacy Glaucoma Alert, enlisting druggists in communities throughout the nation to distribute and display educational materials, alerting customers to the threat of vision loss from glaucoma. Jointly sponsored by the Society and the American Pharmaceutical Association, the campaign materials were funded by Lederle Laboratories.

Collaboration with health care professionals is an important facet of the Society's national glaucoma detection network. We convened a second Conference on Glaucoma Detection and Treatment, so that ophthalmologists, family physicians, internists and other primary care physicians, nurses, social workers, health educators and representatives of government agencies could share their experiences and insights with us and each other. One of our main objectives here is to enable an increased number of health professionals to screen for glaucoma and to apply accepted criteria for referring people for professional eye examinations.

NO CHILD IS TOO YOUNG FOR A VISION PROBLEM

When vision impairment occurs in childhood, the consequences may be measured in limitations that shadow a lifetime. Detection of eye problems is possible in infants, and children should be regularly screened or professionally examined for eye and vision problems.

The Society plays an important role in these programs through its preschool, school and home screening programs and guides. Our multi-

media curriculum materials, which stress eye care and eye safety, help to establish good preventive habits in students which should carry through for a lifetime. We have added to our school series a teaching package, "Magic of Sight," for children in grades 5 and 6. New this year is our "Home Eye Test Program Guide," which is a "how-to" project for community groups who want to organize local programs to reach preschoolers with NSPB's successful Home Eye Test.

PREVENT EYE INJURIES: USE PROTECTIVE EYEWEAR

After detecting an alarming spurt in the number of eye injuries suffered during participation in sports, NSPB established a committee of experts from the fields of professional athletics, sports medicine and ophthalmology to lay the basis for a major national campaign for eye safety on the playing fields and courts of America. Each year some 35,000 Americans suffer eye injuries during sports or recreational activities.

The Society has issued recommendations for protective eyewear for racquet sports, and has joined with sports clubs and organizations to alert players to the necessity for such protection.

In conclusion, I am happy to say that all the segments that make up our Society—the health care professionals who contribute their expertise, our nationwide system of volunteers, our contributors, our staff—have supported both our new projects and our established programs with innovative research, creative strategies, realistic plans for allocating resources, and energetic, wise leadership.

Thomas R. Moore
President

Report of the Executive Director

Research into the causes of blindness and serious vision impairment is one of NSPB's most important contributions to the nation's health care. For more than seven decades, the Society has provided national leadership in preventing blindness, and serves as the "informed source" for answers to questions such as: What are the new causes of blindness? Who is most at risk? What should be done to protect the public?

The Society's research studies allow us to establish service priorities and to provide authoritative data for use by many others in the fields of health care, education, social services and government.

The basis of NSPB's beginnings in 1908 was "to ascertain the direct causes of preventable blindness and to take such measures in cooperation with the medical profession as may lead to the elimination of such causes." Still pursuing this objective, we initiated two new studies this past year, and completed data collection on two others.

THE NEW STUDIES:

□ An analysis of why cataract blindness continues to be one of the most frequent reasons for cause of entry into state registers of the blind, despite the fact that highly effective surgical treatment is available and restores sight to some 330,000 persons each year. Some of the questions the research will answer are the why's of failure to seek care (e.g., apathy, misinformation about the condition, fear of the procedure) and whether treatment is available in all parts of the country.

□ An evaluation of various screening tests and procedures used to identify vision problems in preschool and school-age children. We will examine the merits of existing, commonly used tests in order to establish precise scientifically-based recommendations for screening programs. The first phase of the project, a pilot study, was conducted in Madison, Wisconsin, by the National Society and its Wisconsin affiliate in conjunction with the Ophthalmology Department of the University of Wisconsin. When completed, the large-scale national study will document the reliability, validity, sensitivity, and specificity of currently used tests and equipment.

STUDY UNDER ANALYSIS:

Analysis of the results of our national survey to determine the vision require-

ments for obtaining or keeping a driver's license in each state is underway. The need for safe minimums uniformly among the states was dramatized recently by a newspaper report of a tragic accident in which an elderly Florida resident drove his car over four children playing marbles in the street. Police learned that the driver's eyesight was so poor he couldn't pass the Florida test, and that he had traveled to Ohio to get a license. When the 50-state evaluation is completed, the Society will recommend national vision standards for drivers.

STUDY COMPLETED:

A survey of state departments of health revealed variations and dissatisfactions regarding the mandatory instillation of solution of silver nitrate



in the eyes of all newborns, a prophylaxis against potentially blinding eye disease due to maternal infections. The disease the prophylaxis is meant to prevent is ophthalmia neonatorum, which was responsible for almost 30 percent of cases of blindness among children in the early 1900's. The prophylaxis has been effective in guarding against the accepted cause of the eye disease, which is gonorrhea in the mother; but new data revealed other infectious agents involved, and the potential of newer topical antibiotics. Based on the new data and its evaluation, NSPB has issued an updated position statement on the prevention and treatment of ophthalmia neonatorum, developed by a committee of pediatricians, ophthalmologists, and public health experts.

Every year we must evaluate the resources we need to meet areas of challenge as well as prior commitments in preventing blindness. Enlarged programs and new projects obviously require financial wherewithall. Our Society is fortunate indeed to have as contributors such splendid allies as the Delta Gamma and the Louis Calder Foundations, the Arkville Erpf and the Lakeview Funds, as well as ongoing corporate supporters. I am very gratified that due to their generosity, and that of many individuals, the Society's funding, excluding legacies, increased by 12.9 percent in 1980.

But we must anticipate tomorrow's needs. Tomorrow, our nation's popu-

lation will have a larger proportion of older persons than ever before. Since the prevalence of eye disease increases with age, the need for programs directed to the elderly will expand substantially.

Another challenge is to reach America's changing population of ethnic groups. Ten of our publications are now available in Spanish, and some are available in Chinese. Our Northern California affiliate this year translated some materials into Korean and Laotian, but much more remains to be done.

TEAM EFFORT

To hone the skills affiliates need to carry out their local programs and services, to allow them to undertake new ones, and to attract and obtain funds, the national office has held a series of professional workshops around the country; and issued a self-study guide for affiliates to use in evaluating their operations. The first issue of "Newsline," an idea-exchange newsletter on fund raising and public relations, was introduced for affiliates this year.

All of these activities have helped, I believe, to make the partnership between National and its Affiliates even more close knit, enhancing our stature as a truly national organization.

AWARDS PROGRAM

Highlighting this year's annual meeting of the NSPB's Board of Directors was the awarding of Affiliate-of-the-Year honors for excellence in program, public relations and fund raising. The winners were:

□ The Iowa Society, in the public relations category, for its statewide Glaucoma Awareness Week.

□ Florida, in the fund raising category, for its benefit involving local celebrities.

□ The New Jersey Society, for its eye safety program, which included development of a school eye-safety manual for state educators and statewide distribution of related educational material.

□ The Texas Society, which received a special achievement award for its People of Vision Dinner benefits, an idea that has already been used successfully by other affiliates.

Not only Executive Director's Report would be complete without paying due appreciation to the hard work of thousands of volunteers across the country, the medical and health professionals who have shared their experience and counsel with us, the National office staff whose work is so crucial to program development, our donors, who have made Society programs possible, and our president, Thomas R. Moore, whose leadership has proved so active and valuable

Virginia S. Boyce
Executive Director

Public Education

Being blinded is a catastrophe that befalls an estimated 47,000 persons during each year, and hundreds of thousands of others suffer serious vision impairment. For American society these individual tragedies add up to an estimated five billion dollar bill for medical services and support for the victims. The true cost is much higher, when it includes less black-and-white factors, such as the limitation of career potential or even loss of self-support.

This disastrous social toll, these tens of thousands of personal tragedies, could be reduced by half. Analysis of cases of blindness in the United States leads to the conclusion that about 50 percent of them could have been prevented by early detection, by proper medical or surgical treatment or the observance of safety practices.

In a large part, prevention of blindness is a "people problem." We must educate people to the risks they run when they treat eyesight carelessly, for example, on the job, in sports, or on the farm. Our education program must make the public aware of the means of preserving sight in the face of numerous other hazards, some of them subtle and unsuspected, but causing progressive vision loss. An integral part of the Society's public education program is the concept that routine examinations are essential to eye health.

The Society's objectives in blindness prevention education are to

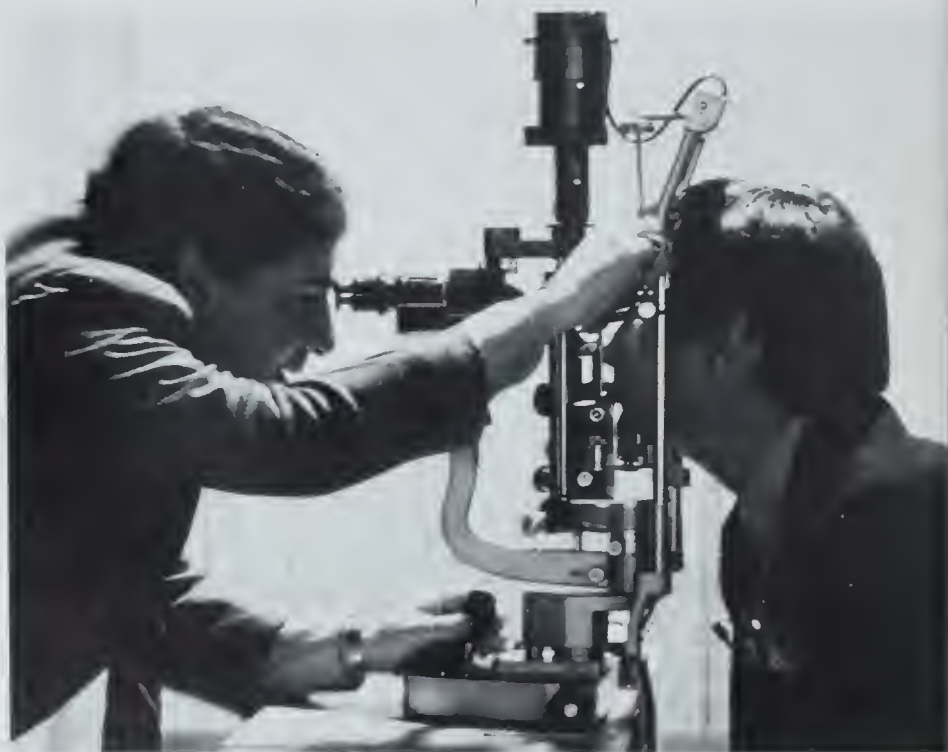
raise awareness about eye diseases, to promote early detection and regular eye care, and to establish guidelines for prevention. The Society's goal is to alert the public, to inform, to advise — before irreversible vision loss or blindness occurs.

The media which the Society employs to convey these messages include a library of educational movies, vision "packages" prepared for a variety of audiences on a range of eye problems, national TV and radio spots, millions of copies of informational booklets, topical exhibits, magazine ads, and nationwide observance of National Sight-Saving Month in September.

Again this year glaucoma, eye safety and vision problems in children were the major thrusts of the Society's public education programs

GLAUCOMA

The leading cause of blindness, glaucoma is a treatable disease that need not usually result in lost sight. A progressive eye disease associated with too much pressure within the eye, it can cut the blood supply to the retina, slowly destroying nerve cells. The Society has instituted a nationwide Glaucoma Alert Program (GAP) to establish educational and detection projects. The logistics problems of glaucoma education are demanding



and difficult. Some 90 million people in the U.S. are at risk and should be tested at least every two years. Even those patients that are identified may be in jeopardy if they do not follow recommended treatment.

Major glaucoma public education projects this year include:

□ Two versions of the film "Seeing," starring Helen Hayes, are in constant use. A 26-minute sound-color version is shown regularly on television and to live audiences, and has a cumulative TV audience approaching six million. This year "Seeing" won the prestigious Council on International Nontheatrical Events (CINE) Golden Eagle Award. A five-minute version of the film made for TV news magazine shows reached an audience totaling well over two million this year. The films were funded by Merck Sharp & Dohme.

□ The Pharmacy Glaucoma Alert Program, with grant support from Lederle Laboratories and co-sponsored by the Society and the American Pharmaceutical Association, has brought glaucoma education as close to many Americans as their local pharmacy. Some 5,000 drugstores and pharmacy chains have been enlisted in the project. Posters alert pharmacy customers to the glaucoma risk for people over 35, and pamphlets give essential information.

□ A series of TV public service announcements called "Glaucoma—Don't Let It Rob You Blind," also funded by Merck, have reached a cumulative audience estimated at almost 160 million.

□ Though aimed primarily at professional education, the second National Conference on Glaucoma Detection and Treatment, held this year, can be expected also to raise public awareness. For example, the Lions Club International, an organization well known for its blindness prevention projects, took the unusual step this year of arranging to mail the proceedings of the previous conference to all its local sight-conservation chairmen. Also the conference concluded that increased emphasis on glaucoma detection for blacks is essential, due to the increased risk of the disease for this group. A news feature on glaucoma in blacks, based on conference proceedings, appeared in the *New National Black Network*, a supplement published for over 100 black-owned newspapers with a circulation of over one million.

EYE PROBLEMS IN CHILDREN

From the newborn babe in the hospital nursery to the high school football player, massive in his pads and helmet, youngsters' eye care and safety needs must be addressed if their sight is to last them a lifetime. The Society's objectives are to alert parents to the need for early detection and treatment of eye conditions and to make school children aware of the preciousness of sight and the necessity for taking some responsibility for their own eye health and safety.

□ A multi-media educational kit for grades five and six titled "The Magic of Sight," was made available to school systems nationwide, funded in part by the American Legion Child

Welfare Fund. Music, cartoons, and message are combined in a 13-minute filmstrip with audio cassette program. Students learn about everyday threats to sight from hazards in school, sports and around the home. Prevention, eye care and first aid are presented simply. The kit provides a teacher's guide, quizzes and puzzles, plus a poster diagram of the eye. Other education programs produced and distributed by the Society are "The Eyes Have It," a lively sing-along puppet film and classroom activities packet for kindergarten through third grade and, for older students, "An Option to See," a program stressing the need for eye protection in lab and shop classes.

□ September 13 was Lazy Eye Alert Day. Society affiliates mounted a special campaign to test large numbers of preschoolers for amblyopia and vision defects. National publicity alerted parents to the urgency of amblyopia, or lazy eye, which must be identified and treated by age six to prevent permanent reduction of vision. A Home Eye Test for Preschoolers distributed free to parents, is a year-long Society program for identifying the eye problems of these very young

ACCIDENT PREVENTION

□ To combat the mounting number of eye injuries in sports, NSPB selected a team of prominent experts in athletics and medicine to lead a major nationwide campaign for eye safety on the courts and playing fields

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Public Education

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Under the chairmanship of Dr. Walter J. Stark, consulting ophthalmologist to the Baltimore Colts and director of the Corneal Service, Wilmer Ophthalmological Institute, these authorities formed the Committee on Sports Eye Safety.

The racquet sports, now booming in popularity, are currently the leading cause of sports eye injuries in adults. Racquets, balls that have been clocked at speeds of 100 mph or more, and other hazards of play have accounted for a doubling in eye injuries in five years. To guide both manufacturers and the public, members of the Committee and the Society are actively working to develop standards for protective eyewear in racquet sports, and NSPB has meanwhile issued "Eye Protection Recommendations for Racquet Sports Players." The committee put a priority on collection and analysis of eye injury data, in order to gain a better understanding of patterns of injury — what causes them, under what circumstances and to whom — and how they might most effectively be prevented.

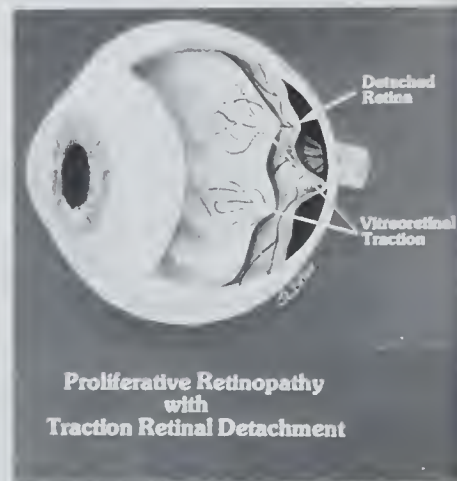
□ Society spokespersons gave interviews to major news syndicates on such subjects as the hazards of racquet sports, selecting toys with an eye to safety, fireworks dangers, and sports safety in general. The Society was a major resource for hundreds of journalists preparing articles on eye problems and eye safety.

□ The Society's campaign to make American motorists aware of the explosions that can cause blindness when a battery is "jump" started has been revving up. Wire services and consumer magazines have carried the information about proper starting procedures, and the Society's sticker showing the right way to connect cables has been ordered by thousands of individuals and in great quantity by corporations.

□ The Society's superstars, baseball great Reggie Jackson and basketball magician Earl Monroe, appear in accident prevention TV public service announcements to spread the message that sports players of all degrees of skill need to protect their eyes. The commercials reached an audience estimated in the millions and gained the Society hundreds of thousands of dollars of free TV exposure.

One of the Society's most valuable educational tools is the recent edition of the fact book "Vision Problems in the U.S." The only reference work which so precisely details causes, prevalence and incidence of blindness and vision problems, the fact book has proved invaluable for eye care providers, writers and editors, researchers, educators, students and government officials.

Recently published educational print materials available from the So-



ciety are: a new public information pamphlet on diabetic retinopathy, a disease which is a leading cause of new cases of blindness, and a pamphlet on macular degeneration, another major cause of blindness and usually associated with the aging process. Promising new treatment methods are offering hope to victims of both diseases. Each year the Society mails millions of copies of such informational material to the public in answer to requests, and distributes thousands more through other organizations.

By effectively using every possible channel of communication, and by developing creative, memorable messages that are pinpointed at the urgent eye problems confronting the public, the Society makes a significant contribution to the nation's public health.

Community Services

The "payoff" for the NSPB's investment in campaigns to alert the public to the dangers of subtle-symptomed eye conditions like glaucoma and amblyopia (lazy eye) starts to happen when people are motivated to take an eye test or have their children take one.

In many communities, good eye care is readily available and people only have to be reminded that regular checkups are essential to their eye health. This, however, is not true across the country. For many Americans, vision screening programs under the aegis of the Society provide first-step recognition of a vision problem.

The Society relies on local partnerships for implementing its screening programs and has issued a series of screening-test guide books for use by health care facilities and volunteer organizations. Screening for glaucoma requires planning, trained screeners and thorough follow-up. The Society's "Glaucoma Alert Guide," a carefully researched program manual, offers step-by-step directions for organizing a medically approved, effective screening effort.

Many working people are largely reliant on their employee medical departments for health services. To approach this large target group with a workplace-tailored glaucoma awareness program, NSPB issued this year a guide called "Glaucoma

Detection for Business and Industry." The manual is directed to occupational physicians and nurses.

Also new this year is the "Home Eye Test Program Guide," which provides local sponsoring groups—even those that have never led an eye health program before—with a complete manual for starting a community-wide project that enlists parents to check their own children's eyes. Like the Glaucoma Alert guide, the Home Eye Test guide is a complete package containing sample publicity materials, step-by-step discussion of do's and don'ts for operating the project and suggestions for recruiting cooperation of local professionals involved in eye care.

Crucial to the success of any screening program is the counseling that must be given when a person is found to need further eye testing or, possibly, treatment. The Society's programs pay special attention to the follow-up process, to insure that people with possible eye problems detected in screening programs are directed to their own physician or appropriate medical facilities and, if no report is received, contacted again to make certain they realize the importance of following recommendations.

In both NSPB countrywide programs, glaucoma projects and the

vision screening for youngsters, the Society staff serves primarily in the role of initiator, trainer and advisor and relies on a corps of approximately 30,000 volunteers to carry out the actual screening. The tally of persons screened, forwarded to the Society from communities, is incomplete. Some projects are reported faithfully, others not at all. The submitted reports show tonometry testing done on more than 110,000 persons during the year. Of these, some 4,500 persons were referred for examination by an eye physician.

Preschool vision screening, administered by Society-trained teams and other sponsoring groups, tested some 250,000 youngsters last year. Some 12,700 children were referred for follow-up care. Distribution of the Home Eye Test supplements the team screening projects and more than triples the number of youngsters who receive an early vision check.

SAMPLE STATE PROGRAMS IN SUPPORT OF SCREENING

In Texas in 1979 the Legislature mandated vision tests for every child entering school for the first time, starting September 1980. The NSPB's Texas Affiliate, which had played a major role in getting the law passed, developed a two-part training program, one for instructors of screeners

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Community Services

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and one for the screeners. Local school and health officials were also invited to take part in training sessions. Of the 700 people last year certified as trainers by the Department of Health, 600 are graduates of the TSPB course. About 1,500 people have been approved as screeners after attending classes conducted either by TSPB staff or trained volunteers.

□ Coordinating screening projects with Lazy Eye Alert Day, a number of states devised attention-getting methods to promote testing. The Arkansas Society obtained a Governor's Proclamation making the Day official and sewed "Vision Dolls" that attracted widespread interest. The Colorado Society organized a special program open to the public during which a panel of doctors explained eye prob-

lems to parents. CSPB arranged for supermarkets to put flyers in grocery sacks to advertise screenings. The New Jersey Society used the strong theme: "Give Your Kid Something You Never Had — the Home Eye Test," and widely publicized it with ads and posters.

TV EYE TEST

The newest eye test sponsored by the Society for community screening, the Television Eye Test, has been previewed in Ohio, Colorado, North Carolina and Texas, and is being evaluated for national broadcast to mass audiences and special audiences via cable or closed circuit. First publicly tested in Ohio on cable TV, the 12-minute program allows audience members to check their own visual acuity — sharpness of central vision — and also visual field — the scope of their side vision.

We believe the test can reach many audiences, through closed circuit TV for businesses, hospitals, or other target groups, or as a segment of popular TV health programs, or broadcasts to people in areas that lack eye care services.

EYE SAFETY

A major Society objective is introducing eye safety into the school curriculum so that students can learn, at a variety of stages in their lives, to take a measure of responsibility for protecting their own eyes. Accident prevention is one lesson to be learned, but even if accidents are not totally preventable, most eye damage and



blindings that result from them are. Safety eyewear could prevent 90 percent of such tragedies, and this message is spelled out for young people in three multi-media packages. The early grades learn safety from "The Eyes Have It." The lesson for grades five and six is vision, eye health, and safety in "The Magic of Sight." For lab and shop classes, eye protection is stressed in "An Option to See."

SAFETY LEGISLATION

The NSPB has been involved in designing and promoting landmark legislation to foster eye safety. This year the combined efforts of national and state leaders helped to defeat newly introduced legislation which would have seriously weakened Massachusetts' BB gun law and Los Angeles' fireworks control law. Also this year, the Society continued to advocate the adoption of NSPB's Model School Eye Safety Law in the 14 states currently without such important legislation.

WISE OWL CLUB

This year the standard-bearing Wise Owl Club of America, the national eye safety incentive program on the job and in schools, is 33 years old. Club members now total 69,590 persons whose protective eyewear has saved their sight one or more times in what would have been, without it, a blinding accident.

During the year, 1,876 new mem-

bers were enrolled, and 2,345 eye-saving incidents were counted. Besides averting tragedy for the new members and their families, the Wise Owl program is estimated to have spared industry this year \$9,380,000 in compensation costs (if blinding eye injuries had occurred), and has averted some \$350,000,000 in compensation costs since the program's inception.



Professional Education

In recent years there have been major changes in eye health and eye health information distribution. Family physicians, for example, are increasingly aware of the need to test routinely for glaucoma and they need up-to-date information on detection methods. As cataract surgery becomes more widely available, more professionals—family physicians, medical social workers, nurses, physician assistants—become involved in referral counseling and post-operative care. Physicians in corporate occupational health centers, especially in "company towns," become responsible for large-scale glaucoma screening programs. Lab and shop teachers and school athletic coaches need comprehensive information on protective eyewear.

Because there is such a wide range of professional occupations needing authoritative guidelines, the Society mounts a wide variety of educational programs, including a biennial science conference, conferences on particular diseases, seminars, workshops, special committees to set blindness-prevention guidelines, scientific exhibits, program guides, a professional journal and publications covering the description and therapy of specific diseases.

This year the Society's biennial science conference concerned itself with such major issues as improving sports eye injury data collection; encouraging patients to follow prescribed glaucoma medication direc-

tions; and new techniques for the management of retinal disease. One whole session was devoted to therapy for ophthalmia neonatorum (eye infection in the newborn). This year the Society issued a comprehensive guideline for health professionals on the subject of ophthalmia neonatorum and disseminated it to state health departments, physicians and hospitals across the country.

At the annual meeting of the American Academy of Ophthalmology, the Society sponsored a glaucoma symposium attended by 2,000 ophthalmologists. The Society's new exhibit on diabetic retinopathy, prepared for physicians who are not eye specialists, for nurses and other professionals, was on display at the meeting.

During the year the Society engaged in two other education programs with the Academy. The Society co-sponsored with The Society of Shaffer Fellows the first annual Robert N. Shaffer Lecture, named after the distinguished glaucoma specialist and teacher. Dr. Shaffer is a member of NSPB's advisory committee. Chosen to be the first lecturer was Dr. Bernard Becker, chairman of the Department of Ophthalmology at Washington University in St. Louis. NSPB also co-sponsored a new Academy booklet directed at general practice physicians, nurses

and other health professionals, titled "An Introduction to Ophthalmology."

During the year NSPB initiated a program to totally remodel its current professional journal, "Sightsaving Review," and replace it with a publication better suited to the diverse information needs of the many professions involved in eye health. Plans have been made to greatly expand the audience appeal of the new publication.

Statewide and local professional education programs are a major activity of Society affiliates. The following examples indicate the variety of the programs offered.



Research

□ Kentucky Affiliate: Prepared seminars on preschool vision screening and glaucoma for health department nurses and students in community health. Seminars were approved for continuing education credit.

□ Texas Affiliate: As part of a campaign to encourage general practitioners to make glaucoma screening with the Schiotz tonometer routine, prepared and distributed a new booklet promoting the TSPB's film for physicians, "Prevent Blindness with Schiotz Tonometry."

□ Virginia Affiliate: Occupational health nurses were presented a day-long workshop on emergency eye care, protective equipment and vision screening.

□ Florida Affiliate: An industrial eye safety seminar and workshop was conducted to examine ways to prevent, recognize and manage industrial eye problems. In addition, a sports eye safety presentation was directed to an audience of nurses, high school coaches, owners/managers of racquetball courts, little league teams and professional athletes.

The purpose of NSPB's support program for basic and clinical research involving the eye is to provide seed funds to nurture innovative inquiry. This year the maximum grant amount per year has been doubled, from \$5,000 to \$10,000, renewable for a second year. The program was reviewed in January 1980 by a NSPB Task Force on Basic and Clinical Research, which recommended the grant increase and also found that the program was not duplicative of other private or public agencies' efforts and filled a very specific need.

Several Society-sponsored research projects have achieved much favorable attention both inside and outside the scientific community. A TV Eye Test, which can be used for screening large audiences simultaneously by means of television, was developed with several Society grants at Stanford University by Drs. Ralph Rosenthal and Milton Flocks. The TV Eye Test has been successfully tried in several communities and also has potential for closed circuit transmission for businesses, hospitals, or schools.

The cancer research community was intrigued recently by the discovery of an unsuspected immunological link between the eye and the spleen found in a Society-sponsored study by Dr. Jerry Niederkorn of the University of Texas Health Science Center. Dr. Niederkorn learned that removing a cancerous eye in lab animals could foster the disease's spread throughout the body, while removal of the spleen could halt the spread of the disease. His study could

alter the therapy chosen for eye cancer in humans and may have wider implications for cancer research.

SUMMARY OF RESEARCH APPLICATIONS

"Recurrent and Persistent Corneal Epithelial Erosion," investigator, **Jettie Marita Burnett, M.D., Eye Research Institute of Retina Foundation, Boston.**

Dr. Burnett seeks to determine how the corneal epithelium functions in health and disease, and to study the repair process at the biochemical level to learn what factors may inhibit or promote growth. The ultimate goal is to determine the mechanism involved in healing of corneal epithelium.

"A Study of New Antiviral Drugs in Ocular and Latent Herpetic Infections," investigator, **Michael E. Hettinger, M.D., Eye Research Institute of Retina Foundation, Boston.**

Dr. Hettinger will evaluate the topical and systemic use of two new antiviral agents—acyclovir and bromovinyl—in rabbits, as possible treatments for herpes virus infections of the eye. He will compare systemic therapy alone with systemic plus topical therapy.

"Study of a Potent Systemic Interferon Inducer and a New Antiviral Drug in Ocular and Latent Herpetic Infections," investigator, **Helene Boisjoly, M.D., Eye Research Institute of Retina Foundation, Boston.**

Dr. Boisjoly will study the effects in mice of a systemic drug (carboxymethyl-acridanone) that is a potent inducer of interferon production, and its effects in treating herpes virus infections of the eye. She will also study, for herpes therapy, the topical application of a new antibiotic (Acetyl-ICdR) in rabbits

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"Refractive Keratoplasty with Hydrogel Corneal Implants," investigator, **Bernard E. McCarey, Ph.D.,** Department of Ophthalmology, Emory University, Atlanta.

Dr. McCarey will evaluate hydrogel corneal implants as an alternative to currently available methods of refractive surgery, such as keratophakia, which require the use of donor materials—in very short supply.

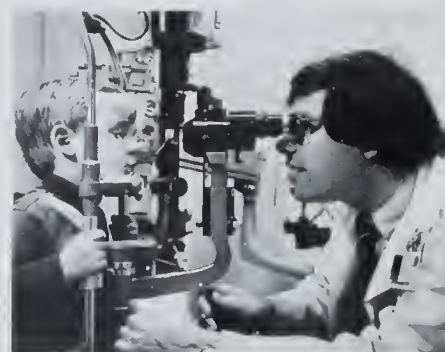
"Modulation of Mast Cell-Histamine Mediator System," investigator, **Ira J. Udell, M.D.,** Eye Research Institute of Retina Foundation, Boston.

The frequent occurrence of redness, swelling and itching in ocular tissues suggests that anaphylactic hypersensitivity mechanisms may play a role in human ocular allergy. Although human and animal models of ocular anaphylaxis have been reported, the

requirements for sensitization have hampered progress in the study of hypersensitivity reactions. The first portion of the studies involves the investigation of mast cell degranulation by the use of a nonimmune mast cell degranulating agent, Compound 48/80. Compound 48/80 induces the release of mast-cell-derived mediators into conjunctival tissue producing the pathobiologic signs and symptoms of inflammation. The study will also investigate the histamine receptor system in the ocular surface; and define the effects induced by stimulation of specific H_1 and H_2 receptors in the ocular surface. Agents capable of antagonizing histamine's effects will be examined for effectiveness in the histamine and 48/80 models. The study is designed to determine whether histamine and/or Compound 48/80 can be used as a model of ocular allergy when compared to ragweed-sensitive allergic conjunctivitis.

"Compliance with Topical Pilocarpine Therapy," investigator, **Elizabeth Hodapp, M.D.,** Department of Ophthalmology, Washington University School of Medicine, St. Louis.

There is little information about whether glaucoma patients use prescribed medication as directed. The failure of patients to use eyedrops may be an important cause of treatment failure. The investigator has designed an eyedrop bottle that records the date and time medication is dispensed. Using this eyedrop medication monitor, the study will document patient compliance with topical pilocarpine therapy; and Dr. Hodapp will inquire the reasons behind non-compliance.



"Visual Evoked Response in Aphakic Children Fit with Soft Contact Lenses," Investigator, **Barry W. Weissman, O.D., Ph.D.,** Jules Stein Eye Institute, UCLA School of Medicine, Los Angeles.

Children and infants may develop cataract due to congenital or traumatic causes. When the cataract occurs in one eye, its removal results in amblyopia, or, if corrected by eyeglasses, lack of attainment of binocular vision. Dr. Weissman's study will evaluate the visual development of young children who have had unilateral cataract extraction and who have been fitted with a soft contact lens for refractive correction. Their visual development will be monitored by a non-subjective response, a stimulus-induced response to EEG's via electrodes applied to the head. The children are tested at the time of contact lens fitting and again two months later.

"In Vivo Regenerative Potential of Epidermal Growth Factor on Corneal Endothelium of Owl Monkeys," investigator, **George Pardos, M.D.,** Department of Ophthalmology, Mt. Sinai Medical Center, New York.

The endothelium of the human cornea lacks the ability to regenerate itself. Aging, trauma, and disease processes which reduce the number

of viable, corneal endothelial cells result in swelling and clouding of the cornea with subsequent decrease in vision. The present study is designed to see if epidermal growth factor can catalyze the regeneration of corneal endothelium in owl monkeys after sufficient epithelium has been destroyed to result in corneal cloudiness and swelling.

"Axonal Transport in Cat Eyes with Experimental Glaucoma," investigator, **Ronald L. Radius, M.D., Eye Institute, Medical College of Wisconsin, Milwaukee.**

This study will document, in the cat, the regions of the optic-nerve head that are most subject to cut-off of nerve impulses with increased intraocular pressure; and will attempt to correlate these susceptible regions with variations in anatomical structure. Findings will aid the understanding of progressive damage in eyes with elevated intraocular pressure; and may lead to improved therapy of glaucoma patients.

"Effect of Selective Tenotomy on Blood Flow to the Anterior Segment of the Eye," investigator, **Ellen M. Keough, Ph.D., Department of Ophthalmology, Tufts-New England Medical Center, Boston.**

Dr. Keough is investigating, using radioactive microsphere tracers, the effects of extra-ocular muscle surgery (such as done in the surgical correction of strabismus) on the normal blood flow to the front portion of the eye. She will compare the risk of blood-flow disruption caused by surgery to the various eye muscles. Her findings will also further understanding of the general dynamics of blood flow in the eye.



"Rod Outer Segment Disc Membrane: Relationship to Retinal Dystrophies," investigator, **Dolores J. Takemoto, Ph.D., Department of Biochemistry and Ophthalmology, Kansas State University, Manhattan, Kansas.**

The findings of this study will provide the necessary framework from which the composition and organization of the ROS disc membrane can be determined. With this knowledge, we will be able to determine in future studies the relationship of structure to function in the visual excitation process and develop a better understanding of the basis for biochemical characterization of the etiologic events involved in retinal degenerations.

"Autoimmune Factors in Retinal Degeneration," investigator, **Susan M. Chant, Ph.D., Jules Stein Eye Institute, UCLA School of Medicine, Los Angeles.**

Retinitis Pigmentosa (RP), an inherited disease causing degeneration of the light-sensitive cells of the eye, results

in loss of vision. There is no effective treatment for this disease. This project proposes to study retinal degeneration in animal models which are the counterpart of retinitis pigmentosa in man. The study will focus on autoimmune mechanisms and the role they play in the degeneration process. Autoimmune disease occurs when the immune system, which normally protects individuals from infectious agents, fails to recognize "normal" body constituents as such, and reacts against them, destroying tissue and organs. The knowledge gained in these studies may provide the insight into the mechanisms at work in RP, and may suggest ways of treating the disease.

GRANT RENEWALS

"Diabetic Retinopathy in *Mystromys Albigaudatus*," investigator, **Randie Randerman-Little, Ph.D., Department of Ophthalmology, University of Missouri School of Medicine, Columbia.**

"Transport ATPase in the Primate Ciliary Epithelium," investigator, **Robert Ritch, M.D., Department of Ophthalmology, The Mount Sinai Medical Center, New York.**

"Feasibility Study for a Non-Invasive Glucose Sensor," investigator, **Wayne F. March, M.D., Department of Research Development, McGee Eye Institute, Oklahoma City.**

"Ionic and Metabolic Regulation of Photoreceptor Excitability," investigator, **Jeffery Schmidt, Ph.D., Department of Biology, University of California, San Diego, La Jolla.**

"Pupillary Changes in Glaucoma," investigator, **Peter Herman, M.D., Department of Ophthalmology, Mt. Sinai Medical Center, New York.**

Combined Balance Sheet

MARCH 31, 1981
with comparative figures for 1980

ASSETS		1981	1980
Cash (includes savings— 1981, \$143,006; 1980, \$227,230)		\$ 426,196	460,701
Short-term investments, at cost (approximates market)		3,321,065	3,593,413
Investments in long-term bonds and stocks (market value— 1981, \$2,574,152; 1980, \$1,165,735)		2,593,478	1,309,656
Other assets		261,128	164,413
Land, building and equipment, net of accumulated depreciation (note 2)		849,812	744,479
		<u>\$7,451,679</u>	<u>6,272,662</u>
LIABILITIES AND FUND BALANCES			
Note payable to bank		—	75,000
Accounts payable and accrued expenses		134,019	117,953
Accrued vacation and severance pay		173,419	135,259
Total liabilities		<u>307,438</u>	<u>328,212</u>
Fund balances:			
Current funds:			
Unrestricted			
Designated by the Board of Directors for:			
Special purposes		1,148,687	999,866
Funds functioning as endowment		11,055	11,055
Undesignated, available for general activities		2,894,866	2,386,630
Total current unrestricted fund balances		4,054,608	3,397,551
Restricted		894,673	510,027
Endowment funds		1,345,148	1,292,393
Investment in land, building and equipment		849,812	744,479
Total fund balances		<u>7,144,241</u>	<u>5,944,450</u>
		<u>\$7,451,679</u>	<u>6,272,662</u>

See accompanying notes to combined financial statements.

The Board of Directors
National Society to Prevent Blindness

We have examined the combined balance sheet of National Society to Prevent Blindness and affiliates as of March 31, 1981 and the related combined statements of support, revenue, and expenses and changes in fund balances and of functional expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We did not examine the financial statements of certain affiliates which statements reflect total assets constituting 48% and public support and revenue constituting 49% of the related combined totals. These statements were examined by other auditors whose reports thereon have been furnished to us and our opinion expressed herein, insofar as it relates to amounts included for these affiliates, is based solely upon the reports of the other auditors.

In our opinion, based upon our examination and the reports of other auditors, the aforementioned combined financial statements present fairly the financial position of National Society to Prevent Blindness and affiliates at March 31, 1981 and the results of their operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

New York NY
July 17, 1981

PEAT, MARWICK, MITCHELL & CO.

Combined Statement of Support, Revenue, and Expenses and Changes in Fund Balances

YEAR ENDED MARCH 31, 1981
with comparative totals for 1980

	Current Funds		Endowment funds	Land, building and equip- ment fund	Total All Funds	
	Unrestricted	Restricted			1981	1980
Public support and revenue:						
Public support:						
Received directly:						
Contributions	\$2,218,486	642,244	—	—	2,860,730	2,783,148
Legacies	1,095,192	116,629	52,755	—	1,264,576	1,895,041
Special events (net of direct costs of \$247,429 in 1981 and \$132,431 in 1980)	735,341	—	—	8,879	744,220	587,291
Received indirectly:						
combined service campaigns	383,370	—	—	—	383,370	342,651
Total public support	<u>4,432,389</u>	<u>758,873</u>	<u>52,755</u>	<u>8,879</u>	<u>5,252,896</u>	<u>5,608,131</u>
Fees and grants from governmental agencies	—	155,238	—	—	155,238	117,446
Other revenue:						
Income from trusts held by others	165,894	28,645	—	—	194,539	126,868
Investment income	566,517	6,895	—	—	573,412	396,154
Program service related revenue	141,070	57,691	—	—	198,761	146,155
Loss on sale of investments	(31,517)	—	—	—	(31,517)	—
Gain on sale of equipment	—	—	—	1,453	1,453	—
Total other revenue	<u>841,964</u>	<u>93,231</u>	<u>—</u>	<u>1,453</u>	<u>936,648</u>	<u>669,177</u>
Total public support and revenue	<u>5,274,353</u>	<u>1,007,342</u>	<u>52,755</u>	<u>10,332</u>	<u>6,344,782</u>	<u>6,394,754</u>
Expenses:						
Program services:						
Research	240,026	25,856	—	2,311	268,193	252,463
Public health education	1,317,562	93,893	—	21,014	1,432,469	1,442,928
Professional education and training	825,061	49,678	—	4,026	878,765	887,519
Community services	842,630	337,748	—	28,312	1,208,690	965,351
Total program services	<u>3,225,279</u>	<u>507,175</u>	<u>—</u>	<u>55,663</u>	<u>3,788,117</u>	<u>3,548,261</u>
Supporting services:						
General and administrative	346,237	1,443	—	8,038	355,718	262,816
Fund raising	987,464	9,670	—	4,022	1,001,156	1,063,566
Total supporting services	<u>1,333,701</u>	<u>11,113</u>	<u>—</u>	<u>12,060</u>	<u>1,356,874</u>	<u>1,326,382</u>
Total expenses	<u>4,558,980</u>	<u>518,288</u>	<u>—</u>	<u>67,723</u>	<u>5,144,991</u>	<u>4,874,643</u>
Excess (deficiency) of public support and revenue over expenses	715,373	489,054	52,755	(57,391)		
Other changes in fund balances:						
Property and equipment acquisitions from current funds	(50,560)	(122,459)	—	173,019		
Reclassifications and other transfers	(7,756)	18,051	—	(10,295)		
Fund balances at beginning of year	<u>3,397,551</u>	<u>510,027</u>	<u>1,292,393</u>	<u>744,479</u>		
Fund balances at end of year	<u>\$4,054,608</u>	<u>894,673</u>	<u>1,345,148</u>	<u>849,812</u>		

See accompanying notes to combined financial statements.

Combined Statement of Functional Expenses

YEAR ENDED MARCH 31, 1981
with comparative totals for 1980

Line	Program Services				
	Research	Public health education	Professional education and training	Community services	Total
1 Salaries	\$108,818	606,693	445,487	693,781	1,854,779
2 Employee benefits	6,306	41,733	32,662	41,681	122,382
3 Payroll taxes	9,681	45,515	35,845	55,923	146,964
4 Total salaries and related expenses	124,805	693,941	513,994	791,385	2,124,125
5 Outside services	5,964	51,978	19,783	9,014	86,739
6 Awards and grants	87,587	7,960	2,159	44,470	142,176
7 Building occupancy	10,812	80,801	37,748	55,503	184,864
8 Telephone and telegraph	837	45,787	6,200	32,617	85,441
9 Office supplies	9,235	31,314	12,905	37,743	91,197
10 Office equipment maintenance	—	8,776	2,084	20,359	31,219
11 Printing and publications	5,794	274,956	20,815	20,715	322,280
12 Postage and shipping	1,956	76,598	18,424	31,891	128,869
13 Visual aids, films, etc.	5	75,904	4,209	22,330	102,448
14 Travel and meetings	15,497	33,792	223,068	64,101	336,458
15 Professional fees	3,000	20,235	2,360	26,556	52,151
16 Purchase of mailing lists	—	3,060	1,383	857	5,300
17 Insurance	—	2,113	741	16,144	18,998
18 Other	390	4,240	8,866	6,693	20,189
19 Total expenses before depreciation	265,882	1,411,455	874,739	1,180,378	3,732,454
20 Depreciation of building and equipment	2,311	21,014	4,026	28,312	55,663
21 Total expenses	<u>\$268,193</u>	<u>1,432,469</u>	<u>878,765</u>	<u>1,208,690</u>	<u>3,788,117</u>

See accompanying notes to combined financial statements.

Notes to Combined Financial Statements

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Society and affiliates are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been designated as organizations which are not private foundations.

The combined financial statements include the National Society to Prevent Blindness (previously named The National Society For The Prevention of Blindness, Inc.) and its 26 affiliates. All material transactions and balances between the National Society and its affiliates have been eliminated.

The accompanying combined financial statements have been prepared in conformity with the industry audit guide entitled *Audits of Voluntary Health and Welfare Organizations* published by the American Institute of Certified Public Accountants. The significant accounting policies followed by the Society, and its affiliates, which are set forth in the audit guide, are described below.

Accrual Basis

The combined financial statements have been prepared on the accrual basis of accounting, and accordingly reflect all significant receivables and payables, other liabilities and prepaid expenses.

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified, for accounting and reporting purposes, into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds and are in contrast with unrestricted funds, which include designated and undesignated funds and amounts invested in land, building and equipment, over which the Board of Directors retains full control to use in achieving any of the Society's purposes.

Endowment funds are subject to the restrictions of gift instruments requiring in perpetuity that the principal be invested and that the income only be utilized.

All gains and losses arising from the sale, collection, or other disposition of investments and other noncash assets are accounted for in the fund which owned such assets. Ordinary income derived from investments, receivables, and the like, is accounted for in the fund owning such assets, except for income derived from investments of endowment funds, which income is accounted for in the fund to which it is restricted or, if unrestricted, as revenue in the current unrestricted fund.

Supporting Services

Line	General and admin-istrative	Fund raising	Total	Total	
				1981	1980
1	164,807	321,028	485,835	2,340,614	2,041,652
2	9,742	23,568	33,310	155,692	130,681
3	7,768	26,221	33,989	180,953	158,285
4	182,317	370,817	553,134	2,677,259	2,330,618
5	12,973	79,809	92,782	179,521	131,807
6	90	53	143	142,319	96,272
7	23,364	28,245	51,609	236,473	218,968
8	3,898	4,859	8,757	94,198	119,200
9	12,101	17,128	29,229	120,426	120,506
10	17,592	1,835	19,427	50,646	38,833
11	3,596	246,757	250,353	572,633	739,574
12	8,818	164,592	173,410	302,279	424,936
13	379	893	1,272	103,720	97,518
14	6,691	32,026	38,717	375,175	240,224
15	24,408	1,308	25,716	77,867	80,606
16	—	44,166	44,166	49,466	100,195
17	37,329	403	37,732	56,730	45,404
18	14,124	4,243	18,367	38,556	28,835
19	347,680	997,134	1,344,814	5,077,268	4,813,496
20	8,038	4,022	12,060	67,723	61,147
21	355,718	1,001,156	1,356,874	5,144,991	4,874,643

See accompanying notes to combined financial statements.

All other unrestricted revenue is accounted for in the current unrestricted fund. Restricted gifts, grants and endowment income are accounted for in the appropriate restricted funds.

Investments

Investments are recorded at cost or fair value at date of receipt in the case of gifts or legacies, or adjusted value where investments have been subsequently written down for a market decline assessed to be other than temporary.

Legacies and Trusts

The Society and its affiliates are the beneficiaries under various wills, the total realizable amount of which is not presently determinable. Such amounts are recorded when clear title is established and the proceeds are clearly measurable.

The Society and its affiliates are the income beneficiaries under various trusts, the principals of which are not controlled by the Society, and accordingly are not reflected in the accompanying combined financial statements. Distributions from these trusts are recorded as unrestricted revenue when received.

Other significant accounting policies are set forth in the financial statements and the following notes:

(2) LAND, BUILDING AND EQUIPMENT AND DEPRECIATION

Land, building and equipment are recorded at cost or fair value at date of receipt in the case of gifts or legacies. Depreciation of building and equipment is provided on a straight-line basis over the estimated useful lives of the assets. At March 31, 1981 and 1980, the recorded values of such assets were as follows:

	1981	1980
Land	\$ 115,402	115,402
Building	499,098	476,454
Equipment	546,925	393,689
	<u>1,161,425</u>	<u>985,545</u>
Less accumulated depreciation	311,613	241,066
	<u>\$ 849,812</u>	<u>744,479</u>

(3) PENSION PLANS

The Society has contributory annuity pension plans covering all employees including employees of the state affiliates who meet the minimum age requirement. Total pension expense under the plans aggregated \$75,000 and \$54,000 for the years ended March 31, 1981 and 1980, respectively. There are no unfunded prior service costs.

(4) LEASE COMMITMENTS

The Society and its affiliates occupy certain operating facilities under various lease arrangements. Total rental expense under such arrangements was \$235,966 for 1981.

A summary of noncancellable long-term lease commitments follows:

Year ending March 31	Amount
1982	\$ 118,647
1983	104,023
1984	83,462
1985	66,417
1986	66,467
1987	<u>61,600</u>

All leases expire prior to 1987. Real estate taxes, electricity, water and maintenance expenses are obligations of the Society. It is expected that in the normal course of business, leases that expire will be renewed or replaced by leases on other properties; thus, it is anticipated that future minimum lease commitments will not be less than the amounts shown for 1982.

National Society to Prevent Blindness

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The National Society is supported entirely by contributions, memorial gifts, bequests and legacies.

We gratefully acknowledge this support which makes the programs described in the Report possible.

Besides the thousands of individuals who donate so generously, the Society is supported by foundations, corporations, and other organizations which include:

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I give and bequeath to the National Society to Prevent Blindness, a corporation organized under the laws of the State of New York, the sum of \$ for its corporate purposes.

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National Society to Prevent Blindness
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